

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1 PET (1738) FAX (602) 364-1039
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RECEIVED
3/25/21

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: March 25, 2021 Case Number: 21-112

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Sherry A. Wynn
Premise Name: Veterinary Specialty Center of Tucson (VSCOT)
Premise Address: 4909 N La Canada Drive
City: Tucson State: AZ Zip Code: 85704
Telephone: (520) 795-9955

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Beth Hall McCandless
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Zeus
Breed/Species: dog - Shih Tzu / Bichon Frise / Chihuahua mix
Age: 12 yrs 10 mos Sex: Male - neutered Color: White with black

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.
Dr Sherry Wynn, VSCOT, 4909 N La Canada Dr, Tucson AZ 85704, (520)795-9955
Dr Megan Tommett, VSCOT, 4909 N La Canada, Tucson AZ 85704,(520)795-9955
Dr Krystina Lee, VSCOT, 4909 N La Canada Dr, Tucson AZ 85704, (520)795-9955
Dr Michael Roy, VSCOT 4909 N La Canada Dr, Tucson AZ 85704, (520)795-9955
Dr Mary Johnson, VSCOT 4909 N La Canada, Tucson AZ 85704, (520)795-9955

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.
Jessica Thompson, VSCOT, 4909 N La Canada, Tucson AZ 85704 (520)795-9955

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: _____

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I have attached several documents (which may require more than one email due to the limitations of email data) which describe my complaint. I will briefly summarize that complaint here, and ask that the additional documents be included in your record.

My dog Zeus spent approximately two and a half days with VSCOT. The conditions I brought him in for did not improve, and with testing they discovered several, even more urgent, conditions. They continued to treat these conditions individually, not taking into consideration the totality of the experience for Zeus. He died an agonizing death. With the exception of a few hours on Sunday from approx. 3:00 AM and 11:30 AM, he never got to see me again. It is my contention that they should have recognized the seriousness of his multiple conditions and asked me if I wanted to continue treatment. They should have offered euthanasia. In not doing so, they precipitated his additional torments, and robbed both me and Zeus of being together in his final moments. This must have been horrific for him, and for me it has been agonizing.

There are additional complaints as well, regarding billing methods and amounts, failures in communication, and chaotic medical records.

I am asking for a full refund of \$3617, paid directly to me.

The documents I have included are as follows:

- 1) Letter to VSCOT describing my initial complaints, sent 8 March 2021.
- 2) Additional complaints, composed after the initial letter.
- 3) Call Response from VSCOT regarding my complaint letter.
- 4) Summary Report from Dr. Wynn describing the events surrounding Zeus' death.
- 5) FINAL COMPLETE MEDICAL RECORDS for Zeus, obtained from VSCOT.
- 6) Final Itemized Invoice 2-6 thru 2-7
- 7) Final Itemized Invoice 2-7 thru 2-9 w Receipts

8 March 2021

RE: Zeus McCandless, canine, in your care from 2/6/21 to 2/9/21
Treatment by Dr. Sherry A. Wynn, Dr. Megan Tommet, Dr. Krystina Lee, Dr. Michael E. Roy, Mary Johnson, Jessica Thompson

I brought my dog, Zeus, to the Veterinary Specialty Center of Tucson (VSCOT), located at 4909 N La Canada Dr., Tucson, AZ 85704, on 2/6/21, a Saturday night, because he had been throwing up all day, refusing food, and the vomiting was getting worse. You (someone at VSCOT) took him, then called me around 2 am on Sunday morning with a \$900 estimated treatment plan. I denied this plan, as I had insurance with Banfield and wanted to try to get treatment for him there. You told me, based on your online search, that my location was closed on Sunday, but perhaps he would be received at a different location. My search confirmed that; he was discharged and I took him home.

When I called the next nearest Banfield location on Sunday 2/7, they said they couldn't take him; they were full, and referred me to VSCOT. I was forced to bring him back. Ultimately, you kept him until he passed on 2/9/21. I had him cremated and his ashes returned; I also requested copies of his medical records.

I have had an opportunity to look over the medical records for my dog Zeus and the litany of medical conditions he was suffering from. I am angry that so much of my pet's condition was not revealed to me, certainly not in terms of what it meant for his experience. I am astonished at the level of disorder and false entries in the record. I am throttled at the outrageous cost. And I am disgusted at the obfuscation, poor communication, and lack of empathy shown to both me and my pet. I should have been offered euthanasia, for Zeus' sake, to end his suffering.

Regarding inaccuracies: The medical record is chaotic and highly disordered. There are procedures and results listed under dates that are prior to the action. In this record of his second visit, a copy of notes from his initial visit is inserted, and a note to that effect is included. But there is no indication of when those copied notes stop and new entries start. The 2/6 insertion seems to have occurred multiple times, and other entries inserted into the middle of them.

Examples of specific inaccuracies are included in the Addendum to this letter.

His condition: I was never told about several of his conditions, and what I was told was largely incoherent to anyone unfamiliar with medical terminology. When I asked what they meant, I got circumspect definitions that did not include what it meant for his overall experience.

The following are just a few of the conditions noted in his medical file that I was unaware of:

Hyperphosphatemia – elevated phosphate levels, which can cause muscle cramps and pain, among other things

Thrombocytosis – elevated platelets in the blood, possibly causing blood clots, which can lead to stroke and/or heart attack

Hypercholesterolemia – high cholesterol, possibly causing stroke and/or heart attack

Potential dorsal anterior lens subluxation – the lens of the eye is not anchored to the musculature as it should be; considered a very painful condition

A complete list of Zeus' conditions, taken from his medical record, is noted in the Addendum.

Regarding phone calls:

A detailed account of the initial phone calls on 2/9, the day of Zeus' death, is included in the Addendum.

Final phone call, 2/9:

The last phone call was at 9:27 am, more than TWO HOURS after previous attempts to reach me. The vet who called me – Dr. Wynn – talked all around the situation, not being clear at all about what was happening. I had to interrupt her more than once to get some real information. She didn't say they found him not breathing; she wouldn't say he had died. She said his heart stopped and they were doing CPR. Should they continue? She had left an impression that it might help, so of course! I asked if he needed to be euthanized. What came out of the vet's mouth was incomprehensible, but the impression I got was "maybe". I said I would come immediately! She said "he might not last that long", the clear implication being that he was still alive at that point. I was given to believe that if I hurried, I might see him alive again when I got there. I had no idea that he had already passed.

A quote from the records:

ADDENDUM [2/9/21] 9:25am

Zeus was noted to have stopped breathing in his kennel just after the technician performed additional treatments stated above. Cardiac and respiratory arrest noted.

What is "just after"? The period of time that Zeus wasn't breathing and had no heartbeat is indeterminate. He was already dead. The subsequent decision to perform CPR seems, to me, cold and calculating, only serving to cover your tracks and generate income.

In this final phone call, I was told about his difficulty breathing, and his "inappropriate mentation" (a disgustingly callous term), which you said meant that Zeus was making inappropriate sounds. I was told both of these were possibly due to blood clots going to his brain or lungs, or both. With this, and the myriad of painful conditions from which he was suffering, did it not occur to you that he was screaming in pain? What "inappropriate" sounds would you make if you threw a couple clots to your brain and lungs? "Inappropriate", indeed! And yet, when you found him already passed – not breathing, no heartbeat – you performed CPR? This is outrageous! No matter what level of resuscitation I had requested, it never should have included an attempt to revive him to what most certainly would have been a state of physical agony. How cruel! Given his chart, that is certainly what he was experiencing. This abuse to his dead body, at my beloved Zeus' end of life – how dare you!!

I did not tell you to do everything possible to keep him alive. That was not my direction. I asked for medial attempts, "Level 2", "code Yellow". To my mind, this does not include desecrating his body, WITHOUT CONTACTING ME, with a violent procedure which only served to add to your bottom line – and hide the fact that he had died.

Regarding costs:

Your entire approach to costs seems to be designed to "lead" the owner through a process whereby each step of this process is withheld until the owner agrees to the previous one, so that the owner never has a clear picture of what to expect, and cannot make a truly informed decision. I call this "predatory billing practices".

In total, the amount of money billed to me was over \$3600. This is an outrageous sum for a horrifying experience for both me and my dog. And this is what I have to show for Zeus' last 3 days, during which you did everything in your power to continue his life – as long as it was billable – without taking into account his quality of life.

A further description of your predatory billing practices is included in the Addendum.

IN SUMMARY: Seniors and people with disabilities, particularly if they live alone – all 3 of which circumstances are applicable to me – often need a companion animal. They are not just a companion, but are also a way for the person to connect with another living being, someone to care for, to take the mind away from one's personal circumstances, and someone from whom to receive the joy and affection most likely missing from their lives. It is a bond of love. Such people are also usually under fairly severe financial restrictions. This also applies to me. Your predatory billing practices, outrageous charges, and focus on generating income for yourselves via obfuscation and deliberate delay in communicating the facts make owning an animal prohibitive to those most in need of such a companion. Your lack of compassion for Zeus' quality of life is both deplorable and horrifying, and makes me shudder to think of ever again putting another animal in your care. The medical profession has a motto, an oath which is sworn by all doctors: First, do no harm. If this is also true of veterinary doctors, then you have violated your oath.

What is the point of medical care if you do not concern yourselves with the level of comfort? You never brought up the possibility of ending treatment for his sake. Under the circumstances, euthanasia would have been much kinder to Zeus than the horrors you put him through. In addition, it would have eased a financial burden to me; and while this was not my primary concern, it is most certainly a major concern now. Had I known the full extent of his conditions and how these affected him, I would have suggested discontinuing care myself.

My beloved Zeus spent the last 3 days of his life suffering from long list of pathologies, being poked and prodded and drugged, and then left to die alone. You deprived me of his final moments. And because of your carelessness, your obsessive focus on money, your exorbitant

fees, and your complete lack of compassion for what he and I both went through, you have debased what was a very special bond.

My purpose here is twofold: to apprise you of the outrage I feel, and to address the financial hardship you have imposed. I propose that we come to some agreement regarding the total bill, as opposed to escalating this further. While this will not change the outcome for Zeus, it will at least provide some small redress for his ghastly experience, and the agony of my own.

I will expect a reply within ten days of the date of this letter.

Beth McCandless

[REDACTED]

[REDACTED]

Email: [REDACTED]

Cc: Better Business Bureau serving Southern Arizona

ADDENDUM

EXAMPLES of chaotic record/inaccuracies:

There are multiple entries for the detailed instructions for a bland diet, listed under 2 different dates; I was given that information once, when I brought him home after the initial (2/6) visit. His final diagnosis and cause of death are listed in an entry dated 2/7/21 at 11:29 am, 2 days prior to his death on 2/9, and AFTER a note under the same date stamp regarding the results of the ultrasound, which wasn't performed until 2/8.

There is a "Case Summary" that cites diabetic ketosis (diabetic ketoacidosis? – my research indicates these are not synonymous) and the results of the ultrasound; they appear to be inserted in the middle of copied notes from the 2/6 visit, under "Discharge Instructions".

Entry: 2/7/21 11:29 am, under Case Summary: At this time, Zeus has begun eating, blood work is improved, diarrhea is improved and we feel as though Zeus is able to go home at this time.

I was never told he was eating, never advised he could come home, especially not right after I brought him in the second time (2/7 mid-day). This cannot be an accurate entry. This notation was immediately PRECEDED by the ultrasound results, which cited "enlarged liver, pancreatitis, enlarged adrenal glands, stones in the bladder, and reactive lymph nodes. His urinalysis then returned with bacteria within the urine and Zeus was subsequently placed on antibiotics." The ultrasound didn't happen until Monday, the 8th.

Also under the 2/7/21 11:29 date stamp, likely as part of the 2/6 notes, under "Assessment", the notes cite "polyphagia until last Thursday when patient became inappetant". It is listed again on 2/8/21 at 1:36 pm, and yet again at 2/9/21 at 7:38 am. "Thursday" is inaccurate. His refusal to eat began on Saturday 2/6, which I made very clear during the initial consultation. And why the multiple entries?

Notation 2/8 at 1:36 pm under Therapy/Progress Notes: Appetite: not offered food in the morning due to abdominal ultrasound- offered bland diet in the afternoon – not interested as of yet. This is after the notation that he is eating and can come home. It is in direct contradiction to the previous note.

Initial phone calls, 2/9:

My phone indicates someone from your facility called me 4 times between 6:50 and 7:22 am on Tuesday 2/9, and left 2 voicemail messages. I was asleep at these times, though I rose at 7:30 am. I never sleep through my phone, and I can only guess that it simply didn't ring. This sometimes happens, particularly near the mountains, as I am. Nevertheless, you did not try to contact me again for OVER TWO HOURS, and not until AFTER Zeus had actually passed.

It appears that there was a shift change on 2/9/21 around 7:30 am, and the incoming doctor didn't bother to make any additional calls. This is a clear abdication of responsibility.

Your records dated 2/9 at 7:38 a.m. say that he presented with ataxia, a degenerative disease of the nervous system, also a very painful condition. I was not told about this, either; at least, not until after he passed.

REGARDING COSTS:

On Saturday night 2/6 (early Sunday morning) you told me the cost of a proposed treatment plan was around \$900. This was a burdensome amount. I declined because I wanted to take him to his regular vet, where I had insurance, and it might cost less. The next day when I, of necessity, brought him back, your estimate MORE THAN TRIPLED. No explanation has ever been given for that.

When you gave me that more-than-tripled estimate, it shocked me, and I said I didn't know how to respond. I said I would think it over, and IF I HAD QUESTIONS, I would call you back. You made no comment. As I had no questions, I didn't call back. SEVERAL HOURS LATER you called and indicated that you needed an explicit acceptance of a treatment plan before you would do anything for him. This was another shock, that he had been in your facility for hours and YOU DID NOTHING for him, because you didn't make it clear that you required a different response from me.

Then, after I had made a choice on a treatment plan, I was completely blindsided by your demand of an 80% PREPAYMENT of the HIGHEST estimated cost. Had I known any of this I could have made different decisions.

Also: Some of the items on the billing statement are truly bewildering, in addition to being prohibitively expensive. You charge for admission? This was not a rodeo! What an egregious abuse of your clients! You also tried to double-bill me for the initial exam, after I had been explicitly told that you would not re-charge for that service if he was brought back within 24 hours. I discovered this in the shock-inducing and blindsiding phone call described above. When I questioned it, you said something to the effect that someone hadn't "yet" adjusted that. Pardon my skepticism.

Also again: Billing for CPR after his death is just greedy.

Zeus' diagnoses as gleaned from the medical notes:

N.B.: Conditions are listed roughly in the order in which I found them in the records, except for the pre-existing conditions he had when he was initially admitted, and the events which caused me to bring him to you. Those are the first six items listed.

Diabetes (of some years' duration)

Previous corneal ulcer, left eye, leading to enucleation in February 2020

Cataracts, previously bilateral

Polyphagia, followed by Inappetence

Diarrhea

Vomiting

Distended and pendulous abdomen

Mature cataract OD and potential dorsal anterior lens luxation.

Monocytosis

Basophilia

Hyperechoic, hyperattenuating Hepatomegaly

Hyperglycemia

Moderate inflammatory leukogram

Thrombocytosis

Hypercholesterolemia

Diabetic ketosis

Possible Cushing's disease

Acute on [sic] chronic Pancreatitis

Bilateral adrenomegaly (Enlarged adrenal glands)

Reactive lymph nodes

Hyperechoic splenic nodules (likely lymphoid hyperplasia)

Cystic calculus (Stones in the bladder, cystoliths)

Mesenteric lymphadenopathy

Urinary tract infection

Arthritis

Hyperphosphatemia

Metabolic acidosis w/Superimposed Respiratory Acidosis

Increasing respiratory effort and abdominal pain

Mentally inappropriate; vocalizing (Inappropriate mentation, occasional vocalization)

Mild intermittent tachypnea

Ataxia

Fever

Hypotension

Possible thromboembolic disease

Temperature spike and BP drop

Concerns for sepsis, hypernatremia, embolic event, etc.

Listed cause of death:

Diabetic ketoacidosis

Cardiac arrest

Additional Complaints - 2021.03.14

In addition to the original letter, and after some discussion with Gabe Hernandez of VSCOT (their Public Relations Coordinator [PRC]) I have these additional comments.

DID NOT CONSULT RE CONTINUATION OF CARE:

Just because I agreed to a particular treatment plan does not mean they should not request further consultation with the owner regarding treatment as new findings become apparent. The treatment plan is not *carte blanche*.

On Monday, 2/8, Dr. Krystina Lee called me regarding the ultrasound results, and downplayed nearly all of the findings, telling me they would treat his many conditions with various medications. She did not appear to consider a cumulative effect of his many diagnoses, complicated further by a lack of food since the evening of 2/5.

This would have been the time to ask if I wanted to continue treatment, and possibly offer euthanasia, due to Zeus' very complicated medical profile and possible impending death. This would be in the interest of avoiding Zeus' unnecessary suffering. However, they did not do that, and in a phone call the afternoon of the 8th (the day before his death) I was assured he would come home, they just needed to get the ketones under control – which were not controlled despite their frequent use of "regular insulin" – and get him eating again.

P. 12, after Assessment list, under "Plan": (2/8/21 1:36 pm Dr Lee)

"Continue to hospitalize until ketones reduced and patient is eating consistently and diarrhea is improved. Owner needs to take this one day at a time for now." This is his 3rd day without food (more by their notes). This "one day at a time" caveat is a sign they knew of the seriousness of his condition.

P.13 under 2/8/2021 10:13 pm Mary Johnson

Exam Finding Updates/Changes: QAR. Mild Respiratory Effort Noted on Expiration with Mild to Moderate Increased BV Lung Sounds in All Lung Fields

They knew he was in trouble at 10:13 pm. This would also have been a good time to call me regarding continuation of treatment.

P.14 under 2/8 10:13 pm Mary Johnson -- Added note 4:30 am

As Respiratory Effort Continued and Abdominal Pain Became More Apparent Added 0.07mg

Buprenorphine q8h – ASK DOD

5a – BP 78mmHg – Gave PLyte Bolus 150mL

No Improvement Noted (66mmHg) – Gave Hetastarch Bolus 35mL

Still No Improvement Noted (67mmHg) – Started Dobutamine CRI

*Attempted to Reach Owner Multiple Times to Discuss Patient's Current Status with No Success. LMOM multiple times.

He was noted to be in pain, and there were additional indications of breathing trouble, at 4:30 am. At 5:00 am, attempts to improve his blood pressure were not helpful. But there was no call until 6:50 am. And the statement saying they called is not individually time stamped.

Yet immediately after those 4 unsuccessful call attempts (the last one at 7:22 am), Dr. Wynn makes an entry 2/9/21 7:38 am. It is quite a long entry, and she clearly has current information. This calls into question PRC's claim that they spend 1 to 1 ½ hours just transferring patients to the new shift, and didn't have time to make even one additional attempt to contact me.

NO FURTHER CONTACT ATTEMPTS FOR OVER 2 HOURS DURING ZEUS' CRISIS:

My phone log says I received calls from VSCOT at 6:50, 7:07, 7:15 and 7:22 am on 2/9. I have voice messages at 6:51 and 7:06. Their final call to me was at 9:27 am, a 2-minute call. I made an outgoing call to them at 9:36 am, when I arrived at their facility, asking them to let me in.

In the first of two voicemails left on my phone, it was stated that Zeus was "not doing so well". The second voicemail gave even less information (just a request for me to call), and after that they stopped trying to reach me. They didn't know why they couldn't contact me. The PRC's comment on this was that "we can't spend our time trying to call after 4 attempts. Our focus is on the patient." (Approximate quote.) It seems to me that their focus should include the owner, who is the actual client, particularly when the animal is in crisis.

As stated above, Dr. Wynn makes a rather long entry into Zeus' record at 7:38 am. As part of this entry, she notes that "Zeus has become mentally inappropriate so there is concern for possible thromboembolic disease given his respiratory signs and mentation changes. He is at risk of this with his underlying metabolic conditions and probable cushings." Cushing's is first mentioned as a possibility on 2/7, and again on 2/8 as a suspicion. Then the notation that he is "at risk" of thromboembolic disease, and showing signs of it, on 2/9 at 7:38 am. In a summary report of the morning of 2/9, sent to me by Dr. Wynn, she states: "Given the progressive and sudden decline specific considerations include sepsis ... or a thromboembolic event ... which is common with these underlying inflammatory conditions as well as Cushing's disease which was suspected (...) . Both of these conditions if severe enough have very poor prognosis and can cause patients to rapidly decline.

They mentioned Cushing's to me in a phone call on 2/7; they said at that time that it was not an immediate concern, but would require further tests that I should have done by his regular vet. Yet on 2/9, Dr. Wynn states that he is at risk for throwing blood clots due to this and underlying metabolic concerns. And after Zeus' death, she is perfectly clear in her Summary Report that he was at risk.

There is no note in the medical record about when his heart stopped, only the time they found him, both heart and breathing stopped. At that point they initiated CPR. It is only then that Dr. Wynn called me. She is aware of the likelihood of him throwing blood clots at 7:38 am (and

likely sooner), she makes notes about his deterioration overnight, yet there are no further attempts at contact until after his death.

This entire thread of events seems to me one long subterfuge. Through neglect and callous disregard for Zeus' pain and suffering, they robbed me of my dog's last moments. They robbed Zeus of last contact as well.

OVERCHARGE OF CREMATION FEE:

They told me his cremation would cost \$200. There was no equivocation, no "approximate" indication. However, when I received the bill, the charge was \$205. This may seem trifling, but it is one more indication that they seem to be padding their bottom line at every opportunity. They did not honor their quote.

ONE MORE THING

And there is one suspicion, a suspicion only, that I feel compelled to mention. I spoke with VSCOT early Sunday morning prior to the initial discharge, when I expressed my intention to try to see his regular vet at Banfield, thus refusing their treatment plan. The person I spoke with asked where that was, and did an online search of them. She told me they were closed on Sundays. I confirmed this with my own search. We then discussed my intention to take him to the next nearest Banfield location, which she told me would be open. This attention seemed unusual.

Later, when I called that Banfield facility, I was told they couldn't take him, they were full, and referred me to VSCOT specifically. My suspicion is that there was a communication between VSCOT and that Banfield office, and the referral back had been arranged. The only support I have for this suspicion is the knot in the pit of my stomach after Banfield referred me back to VSCOT specifically, because VSCOT knew where I would be calling. My suspicion may not be true, but it just doesn't seem like a coincidence.

IN SUMMARY

This is not a wrongful death situation. This is a wrongfully painful, wrongfully agonizing death situation. The experiences of Zeus' last hours must have been horrific for him. The PRC claims that this could not have been foreseen. Yet comments from Zeus' medical records indicate that he was at risk for these painful events. And not only was Zeus' death physically painful, but he was never allowed to see me again, nor was I allowed to see him.

The total bill for both these visits to VSCOT is \$3617. This is an outrageous price to pay for the obfuscation, manipulation, and deliberate neglect displayed by VSCOT. And this is only the financial cost. The emotional cost to both me and Zeus is incalculable. I believe this facility takes full advantage of owners who are distraught over their pet's health, and uses the situation to get as much money as they can from it, without regard for the physical, mental, and emotional suffering of either animal or owner.

I am asking for a full refund of \$3617, paid directly to me.

2021.03.15

VSCOT contacted me today (one day after the BBB sent me confirmation that they sent a notice to them) through their Public Relations Coordinator (PRC), Gabe Hernandez. He called at 3:50 pm; we spoke for 1 hour and 25 minutes.

He asked how I wanted to approach the letter; there were certain items he wanted to address. I asked him what he had questions about.

He explained some of the apparent disarray in the medical records. Not all. I'm satisfied with his responses on those few points, namely:

- Multiple entries for "polyphagia until last Thursday when patient became inappetant" (from the letter Addendum). The **reason for multiple entries** is that they copy and paste lists of conditions being treated, each time they need to add more conditions. The new ones appear in bold typeface. He did not explain the misquote on what day the inappetance began. (It was Saturday, not Thursday.)
- The notation that Zeus was eating and able to come home (from the letter Addendum), followed immediately by ultrasound results that was dated prior to the ultrasound. He said the **apparently premature ultrasound results** were because they did a "Fast Scan", which is apparently some kind of preliminary ultrasound, prior to Monday and the full ultrasound. They did not tell me they did a Fast Scan. He stated that they should have. He did not, in this call, address the inaccurate statement that Zeus was eating and could come home. He did explain that in the second call.

One of my letter complaints was identified by its position after a heading of "Case Summaries". He stated that they don't have "Case Summaries". I had to show him where in the medical records that heading occurred.

As for the lack of further callbacks on the 9th, he talked about how their change of shift happens, around 7:30 or 8:00 am, variable. He was evasive about a precise time. There is usually an hour or hour and a half (at most) of a handover review of current patients for the new staff. He said they couldn't spend their time trying to call after multiple attempts had been made.

There was considerable discussion over the call attempts that **were** made and why there were no further attempts. I pointed out that Dr. Wynn made no attempt whatsoever to call me, though Zeus' condition was considered emergency enough to warrant 4 call attempts within an hour by the overnight vet, Dr. Johnson. He was primarily defensive, though he also said he would get more information after talking to the doctors.

At one point I repeated my letter's statement that I never sleep through my phone, though sometimes the phone doesn't ring. He tried to dismiss my claim that they didn't try to call me

for over 2 hours by saying that I can't know that, because I'm having trouble with my phone. I immediately corrected him, saying that my phone makes a record of all incoming calls, but sometimes it doesn't ring at the time the call comes in. But it records all incoming calls. I don't know how long this takes; maybe minutes, maybe an hour or more. But I know it has a record of all incoming – and outgoing – calls.

He categorically denied predatory billing practices. Re: the phone call on the 7th (from the letter Addendum under REGARDING COSTS):

In the call with the more-than-tripled estimate [for which they never gave me an itemized quote – not noted to him], I said my reply to that phone quote was that I didn't know what to say to that, and needed to think it over (he said their notes quoted me as saying I "needed to digest" – ok). I told them IF I HAD QUESTIONS, I would call them back.

Their internal note, which PRC quoted to me, that said **I would call back**, is wrong.

I said they never told me they needed a different response in order to begin treatment. He told me their call record said **I would call back**. I told him emphatically I did not say that, their record is wrong. He said she had no reason to lie. I said I don't know what she heard, but I do know what I said. She was wrong. He said this was standard procedure in the industry (no treatment without specific consent) and seemed to think I should know that. I asked, if this was true, why they didn't make that clear? He argued with me endlessly, constantly asserting that I should have known, and at one point stating that the VSCOT caller (whom he identified as Kristin) told me I needed to call back. She did not, and I said so. (He was conflating the call on Sunday with an email sent by Dr. Lee on Monday with an updated quote, wherein she said I needed to let them know which treatment plan I wanted.) I clarified that the "needed to digest" call happened on Sunday, and no, she did not say anything about needing a different or more complete answer prior to treatment.

Regarding their "predatory billing practices" (my term), he categorically denied this. He claimed their billing – including prior consent and pre-pay of services – was standard practice. I didn't question the prior consent, I maintained that they didn't tell me that I didn't give them a sufficient response, and that they needed a different answer from me. He would not acknowledge this, saying it was "industry standard". I said I don't care what the industry standard is, I'm not in the industry. How am I supposed to know what their standard practice is? He would not acknowledge their responsibility in communication. He was adamant that they did not "blindsight" me (my word from the letter), asserting that they did tell me before they charged me. This makes no sense, as they were only telling me to get a payment, which they were demanding at that moment. They had not told me that this was required prior to treatment. I said I have never had to pre-pay for medical treatment for me or my pet, why would I know that? The whole situation was a blindsight. He didn't seem to understand what "blindsight" meant, and never acknowledged my point. He did say, by way of explanation, that "we've had clients who didn't pay. We have to do this to stay in business."

Quotes from the PRC:

"We did everything that we could"

"Everything that could be done was done in an effort to save Zeus' life."

I said they did everything billable, without consideration for his quality of life. He claimed they did consider his quality of life, and did not consider euthanization because "most things were treatable", referring to Zeus' many conditions. I emphasized his word "most?". He did not respond to this. I said euthanization should have been considered, given his 3+ days without eating (actually more, by their records, given their "Thursday" mistake), the underlying conditions and the plethora of new conditions. I noted that very often with animals, when they stop eating, they know their end is near. This also happens in humans. He then said, "We are not in the business of euthanizing pets." I got very angry at this, and told him that, in the interests of the pet, all tools should be available. This conversation went on for some time.

Re: multiple insertions of 2/6 visit, he said it ends where bolding ends. I said it appeared to have been inserted multiple times. He asked me where. I became impatient with his complete lack of cooperation (and the length of this call), and told him the feeding notes were inserted multiple times. I went on to the next question.

NOTE TO SELF:

When he calls back, I intend to let him tell me whatever results he has – during which I will again take notes – and then ask him for a comprehensive response in writing.

19 February 10:29 AM 8 minute call

Gabe called again with an update. He said per their schedule he was not able to speak to the doctors except for Dr. Wynn.

Dr. Wynn said diabetic ketosis and ketoacidosis are the same thing. That condition can be managed, he said, and that the "recovery rate is extremely high". He said all Zeus' conditions are common, they see them regularly, and can be handled through medical management. He claimed an "over 90% recovery rate", which he then tried to backtrack and say "a very high rate". (This is part of his defense of their not considering euthanasia.)

Regarding the statement within the notes that says Zeus is eating, he said that was an oversight. It should have been deleted. He further explained that when they start the medical notes, they concurrently start the discharge instructions. They work from a template, and update as they go along, based on progress. For my own clarity, I repeated what he said to me, that they "enter the note in anticipation of it being true, but it is not true at that time". He reluctantly agreed.

That's all the update he has at this point. He said Dr. Lee has not been in but is scheduled this weekend, and Dr. Johnson is on medical leave.

I said I would like the totality of his response to my letter in writing, please. He said ok, after he talks to Drs. Lee and Johnson. I said ok. He will let me know when that is coming.

RECEIVED

APR 22 2021

BY: JR

April 15th, 2021

21-112

Sherry Wynn, DVM
Veterinary Specialty Center of Tucson
4909 N. La Canada Dr.
Tucson, AZ 85704

RE: Client Complain - "Zeus" McCandless

I arrive at the clinic just before morning rounds which begin at approximately 7:30am. When I arrived on February 9th 2021, it was my first day back to the office so all cases were new to me. Dr. Johnson, the overnight clinician, had briefly informed me of a case that had acutely declined overnight. She informed me that she had attempted to call the owner several times, the last being just a few moments ago and left messages for her to call us back as soon as possible. This case was "Zeus" McCandless. I entered my therapy progress notes just prior to rounds (hence the 7:38am notes) as I knew he would be the first patient I assessed after getting more information during rounds.

All clinicians are in rounds typically from 7:30am to 8:30am depending upon case load. After rounds I immediately went to assess Zeus, review his case information more in depth and made additional treatment changes (first treatment change noted immediately after rounds at 8:20am). Zeus' BP was decreased overnight to the point of a dobutamine CRI being initiated. He had been on it just over an hour by the time I evaluated him after rounds. His BP remained low, although we could palpate femoral pulses. Zeus had some losses overnight (diarrhea) so I did elect to repeat a fluid bolus despite the dobutamine. Dr. Johnson performed radiographs overnight due to a change in his respiratory effort which did not show any evidence of fluid overload so I felt comfortable with this decision. Recheck BP was improved at 80mmHg so his treatments were continued. I also noted that his sodium was elevated which too can cause neurologic signs. The in-house analyzer does occasionally read erroneously high so a sample was sent to the lab for comparison at no charge (we have Antech lab in our facility so we receive results within an hour typically). Zeus was noted to have an upwardly trending temperature, so his antibiotics were also broadened by adding in enrofloxacin in case of sepsis. During this assessment of an in-depth new case, I am also responsible for other hospitalized patients and incoming triages. At 8:45am there was another critical case triaged, the required stabilization and immediate attention (case information available upon request).

Zeus was in ICU where, Luisa, a lead ICU technician was performing his treatments. She called for a doctor and I rushed over to see them pulling Zeus from his kennel to the resuscitation station. The technician informed me that she was doing treatments and he stopped breathing. I assessed Zeus and he was in respiratory and cardiac arrest. Ms. McCandless elected resuscitative efforts on admission, therefore CPR was pursued. Chest compressions were initiated, he was intubated and manual ventilation performed. A dose of atropine and epinephrine were administered intravenously.

Once CPR efforts were initiated, I called Ms. McCandless and she picked up. I informed her that we had been attempting to get a hold of her because there was an acute decline in Zeus' status overnight. I informed her that we had been attempting additional therapies to try to stabilize him. During some of these treatments, the technician noticed he stopped breathing and we are currently performing CPR as his heart has stopped. I informed the owner briefly of what his status change was overnight including changes to his breathing, temperature and mentation. I discussed concern for thromboembolic events or sepsis. Ms. McCandless was asking a few questions and I was trying to answer them as best as I could under the circumstances but was unable to go into depth at the time due to the urgency of active CPR. I inquired if she would like us to continue CPR, she stated yes and that she was driving down now. I inquired how far away she was and she stated ~ 10 minutes prior to hanging up. I immediately went back to assess Zeus. No heartbeat or voluntary respirations noted so another dose of epinephrine was administered, and chest compressions/manual ventilation were continued until owner arrived.

When Ms. McCandless arrived at the clinic she was brought back to ICU where she visited briefly and elected to stop CPR efforts. Ms. McCandless was then taken into a private room where she could visit with Zeus and finalize paperwork for the care of his remains. During her visit I entered the room and had a further discussion of what my suspicion was

regarding Zeus' decline overnight as again it is difficult to have a lengthy conversation during active CPR. I discussed his inflammatory conditions, his newly diagnosed diabetes and the potential for Cushing's disease based upon AUS findings. We discussed that these factors can increase the risk of potential clot formation within the blood. Given how acutely things changed with him overnight that was my main suspicion. We discussed potential embolic event to his lungs given his respiratory changes and potential to his brain as he was mentally inappropriate. We spoke of the possibility of sepsis with his fever and low blood pressures. Ms. McCandless inquired more about what I meant as far as mentally inappropriate. I attempted to explain that he was noted to have mentation changes like he was not fully aware of what was going on, he was not very responsive and was having repetitive vocalizations which let us know there is something abnormal going on in the brain. Ms. McCandless seemed upset by this description so I did my best to try to explain them further as neurologic conditions and not necessarily an expression of pain. I informed her that he had received pain medications as well if she was still concerned about that. It was an effort to try to explain our concerns as to why he declined, it was not meant to be upsetting or callous.

Ms. McCandless did inquire about why we would not have recommended to euthanize Zeus? I informed her that prior to this acute decline he was stable and undergoing appropriate treatment. I informed her that a good majority of these cases recover, go home and clinically do well. Ms. McCandless was concerned about his other issues so I explained that they are common concurrent processes in our diabetic ketotic patients. I discussed that humane euthanasia is not something we jump to unless an owner is unwilling to continue diabetic treatments or there are other circumstances that prevent them from pursuing appropriate treatment. I inquired if Ms. McCandless had any further questions or concerns. She informed me that she did not, so I then left the room. Ms. McCandless visited for a bit longer before leaving.

Regarding Ms. Candless's Concerns:

Ms. Candless' references several concerns, which I would like to further clarify from my point of view.

- 1) Ms. Candless states that we were hiding Zeus' death from her. In no way was I deceiving Ms. McCandless into thinking that Zeus was still alive. I was very forthright about his decline, his cardiac arrest, initiation of CPR and potential causes. Ms. McCandless even stated in her recollection that I informed her that his heart stopped. I understand that a call with unnerving information like that can be difficult to process. I was as clear as I could be given the circumstances without being able to go into a lengthy conversation during active CPR.
- 2) Ms. Candless is quite concerned by the fact that we started CPR in a patient that had acutely declined to this point. Unfortunately, if an owner elect's resuscitative efforts, we abide by that request. Ms. McCandless elected a "yellow code" which is explained to involve medication administration, chest compressions and breathing techniques. This is all that was performed on Zeus during his arrest.

She also inquires about the point of medical care if we do not concern ourselves with the level of comfort and that we never brought up the point of ending treatment for his sake. We did take efforts in trying to make Zeus as comfortable as possible which includes the added measures taken during the time we could not reach Ms. McCandless. The owner is the one who can elect to stop the agreed upon treatment, not the clinicians.

- 3) In Ms. Candless' statement, it implies that she was asking about humane euthanasia during the phone call informing her we were actively performing CPR and that my comments were incomprehensible. I do not recall having a conversation about euthanasia on the phone during CPR, but I do recall her asking about humane euthanasia afterwards during visitation. I spoke with her for quite some time and tried to answer all her questions. I informed her that we treat quite a few of these cases and the majority of them recover. Humane euthanasia is not something we recommend unless an owner is unwilling to continue diabetic management, is unable to financially pursue treatment or already has concerned about a pet's quality of life before the new diagnosis. This may have been a misunderstanding if Ms. Candless was inquiring about humane euthanasia after his decline. I would not have been able to humanely euthanize him without owner consent. And I would have not discussed humane euthanasia as an option during active CPR as his heart was already stopped.

- 4) I cannot comment on initial discussions or estimates in this complaint. I do however take responsibility for the confusion of the Discharge Instructions being included in the medical record. This is a template that is inserted upon presentation to the hospital. The discharge instructions are typically started by an admitting clinician to help facilitate discharge. It does typically entail information in which we hope to reach at the time of discharge (i.e. eating well). This specific entry is prompted to be deleted when a patient is marked as deceased. Whomever printed the final paperwork for Ms. McCandless to sign did select for this entry to be deleted. I should have picked up the error before finalizing the record as I understand the confusion it can cause. Although it was under Dr. Lee's name, it was my error.
- 5) Ms. McCandless is upset that there was approximately two hours between phone calls, but she also has a responsibility to call back an emergency facility that has attempted to call four times overnight. Although my first entry was at 7:38am (as I knew he would be the first case I took over following rounds), I start assessments of cases after rounds are completed at approximately 8:30am. These rounds are imperative for me to collect all information about hospitalized patients to make decisions moving forward. My first treatment sheet entry was at 8:30 am right after rounds which was the time when I fully took over Zeus' care. Based upon his decline and information, I knew there were things I wished to add/check on to get more information about his status. We are an emergency facility, therefore I am also responsible for several other critical hospitalized cases and incoming emergencies. There was another patient that arrived at 8:45 who also required active stabilization and communication for the first time. An hour may seem like a long time for Ms. McCandless, but is quickly filled in an emergency setting.

Sincerely,



Sherry Wynn, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair

Christina Tran, DVM

Carolyn Ratajack

Jarrod Butler, DVM

Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations

Marc Harris, Assistant Attorney General

RE: Case: 21-112

Complainant(s): Beth McCandless

Respondent(s): Sherry Wynn, DVM (License: 6236)

SUMMARY:

Complaint Received at Board Office: 3/25/21

Committee Discussion: 9/14/21

Board IIR: 10/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On February 7, 2021, "Zeus," an almost 13-year-old male Shih Tzu mix was presented to Dr. Lee for continued vomiting, diarrhea and anorexia. Diagnostics were performed and revealed the dog had pancreatitis and diabetic ketosis. The dog was hospitalized for supportive care.

On February 8, 2021, Dr. Johnson took over the dog's care. Additional diagnostics were performed and the dog's treatment regimen was adjusted as needed. The dog condition began to decline and measures were taken to improve the dog's condition.

On February 9, 2021, Dr. Wynn took over the dog's care. She adjusted the dog's treatment plan based on her exam findings and blood work. Later that morning, the dog went into cardiopulmonary arrest and CPR was initiated. Complainant was contacted and arrived at the premises a short time later. After a brief visit, Complainant elected to stop CPR efforts.

Complainant was noticed and appeared.

Respondent was noticed and was available.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Beth Hall McCandless
- Respondent(s) narrative/medical record: Sherry Wynn, DVM

PROPOSED 'FINDINGS of FACT':

1. On February 6, 2021, the dog was presented to Veterinary Specialty Center of Tucson (VSCOT) due to not eating, vomiting and diarrhea. Complainant reported that the dog had been diabetic for several years. She had increased the dog insulin dosage several weeks ago. Dr. Tommet examined the dog and discussed her findings with Complainant. She recommended diagnostics due to the dog's history of eating things he should not as well as being diabetic, including abdominal radiographs and blood work; Complainant declined. Dr. Tommet discussed an alternative treatment with SQ fluids, cerenia, and pain medication at home. Furthermore, she strongly recommended following up with the regular veterinarian (or return), if the dog does not improve over the next few hours/day. Complainant approved outpatient therapy. The dog was administered and discharged with the following:

- a. SQ fluids 200mL;
- b. Cerenia SQ;
- c. Buprenorphine IV; and
- d. Gabapentin Oral Solution.

2. On February 7, 2021, the dog was presented again to VSCOT due to continued vomiting, not eating and diarrhea. Complainant had attempted to be seen by her regular veterinarian but no appointments were available; she was referred back to the emergency facility. Dr. Lee examined the dog; she noted the dog was quiet, slightly lethargic, had a pendulous, distended abdomen, and hepatomegaly was palpated. Dr. Lee discussed her exam with Complainant and recommending hospitalizing the dog for diagnostics, as well as administering regular insulin and getting the dog to eat. Complainant agreed.

3. Staff went over the estimate with Complainant; Complainant was upset with the amount of deposit required. She asked staff if she could be present with the dog if humane euthanasia was needed. Due to the pandemic, staff explained that euthanasia was the one exception that allowed the public in the premises. Upon Complainant's request, an itemized estimate and care credit receipt was emailed to her.

4. Blood work, urinalysis and a FAST ultrasound was performed. Based on the results, Dr. Lee's assessment was diabetic ketosis. She felt there also could be an underlying condition that predisposed the dog to become unregulated on his current insulin therapy – possibly hyperadrenocorticism, pancreatitis, and other. Glucose = 634.

5. The dog was hospitalized; an IV catheter was placed – Plasmalyte was started at 40mL/hr, insulin CRI, metronidazole, gabapentin and cerenia. Blood glucose was to be checked every three hours and insulin adjusted as needed. The dog was offered a bland diet and water.

6. On February 8, 2021 (12:15am), Dr. Johnson took over the dog's care overnight. She

evaluated the dog – vitals were normal – no interest in food. The dog was going to have an ultrasound the next morning therefore food was not offered. Dr. Johnson noted that there was no change to the treatment plan. Glucose curve = 9p: 665; 12a: 629; 3a: 503; 6a: 491.

7. Later that morning, Dr. Lee took over the care of the dog. She examined the dog – vitals normal – blood glucose: 6a – 491; 9:15a – 426. Urinalysis: ketones 2+ and glucose 3+ (UTI – noted). An ultrasound was performed and revealed acute pancreatitis; enlarged liver – hyperechoic and hyperattenuating. The hepatomegaly was suspected to represent a combination of diabetic hepatopathy and Cushing's disease, given the presence of bilateral adrenomegaly.

8. Dr. Lee relayed the results of the ultrasound to Complainant as well as emailing the results and recommendations, as Complainant was overwhelmed by the information. Dr. Lee felt that the acute on chronic pancreatitis was likely the dog's main issue causing the dog's clinical signs at that time. She recommended having the regular veterinarian perform an ACTH stimulation test to confirm or deny the Cushing's disease suspicion, however, that would need to be done at a later time. Dr. Lee recommended continuing to address the dog's pancreatitis and diabetic ketosis. They needed to try to reduce the amount of ketones in the dog's urine and blood stream. This would be accomplished by administering regular insulin, fluid therapy and supportive care until the ketones improved. Dr. Lee further stated that in order for the dog to go home, the dog's diarrhea would need to improve, he would need to eat consistently – and keep it down – and have his blood sugar within a reasonable level that could be managed at home.

9. Hospitalization was continued. Metronidazole was discontinued and unasyn was started due to the urinalysis results. Entice was also started to stimulate the dog's appetite.

10. That evening, Dr. Johnson took over the care of the dog. She evaluated the dog, vitals were normal, however, she noted that there was mild respiratory effort noted on expiration with mild to moderate increased bronchovesicular sounds in all lung fields. Blood was rechecked and revealed continued metabolic acidosis, hypokalemia, and hyperchloremia. Dr. Johnson added 40mEQ KPhos to the dog's fluids. Blood glucoses continued to be monitored.

11. In the early morning of February 9, 2021, the dog's respiratory effort continued and abdominal pain became more apparent therefore Dr. Johnson administered buprenorphine 0.07mg IV and added it to the dog's treatment regime. After the buprenorphine was administered, the dog vomited. Dr. Johnson stated in her narrative that although not noted in the medical record, chest radiographs were performed (available for review in case file materials). Radiographs were consistent with a normal geriatric chest therefore no changes were made to the treatment plan.

12. A short time later, the dog's neurologic status changed and he became dull and depressed. Blood pressure confirmed hypotension, thus 150mLs of Plasmalyte was bolused in attempts to correct the hypovolemia. There was no improvement in the dog's blood pressure therefore a 35mL bolus of hetastarch was administered to the dog – this showed minimal improvement. Dr.

Johnson called Complainant – she did not answer so a message was left explaining the urgency to call back.

13. The dog continued to be hypotensive therefore dobutamine CRI was initiated. Dr. Johnson again attempted to reach Complainant, leaving another message urging Complainant to call. While waiting for Complainant to call back, the dog's blood pressure improved with the dobutamine administration but he still had inappropriate mentation; supportive care was continued.

14. The dog's care was rounded to Dr. Wynn. She was informed that the dog had acutely declined overnight and Complainant had not been able to be reached. Dr. Wynn evaluated the dog – temperature = 103.6 degrees, increased respiratory effort with panting, and inappropriate mentation, vocalizing. The dog's blood pressure remained low, although femoral pulses could be palpated. Due to the dog's losses due to diarrhea, Dr. Wynn repeated a fluid bolus (150mLs Plasmalyte) and administered Baytril 72mg IV due to temperature spike. She also placed a second IV catheter to help facilitate multiple medications if needed.

15. Dr. Wynn was concerned for possible thromboembolic disease given the dog's inappropriate mentation and respiratory changes. The dog was at risk due to underlying metabolic conditions and probable Cushing's.

16. At 9:25am, it was noted that the dog had stopped breathing after technical staff administered Dr. Wynn's treatments. Due to the dog's cardiopulmonary arrest CPR was immediately initiated with chest compressions and ventilation, as well as epinephrine and bolus fluids.

17. Complainant was called and advised that they had been trying to reach her regarding the dog's condition and their attempts to stabilize him. Dr. Wynn briefly advised Complainant of the events that led up to the arrest with respect to the changes in the dog's temperature, mentation and breathing. She was made aware of the dog's current status and was asked if she wanted them to continue CPR. Complainant requested they continue CPR until she arrived – approximately 10 minutes.

18. The dog was not responding to CPR therefore Dr. Wynn administered another dose of epinephrine; chest compressions and manual ventilation continued until Complainant arrived. Complainant briefly visited the dog and elected to stop CPR efforts. Complainant visited the dog and finalized paperwork for care of his remains.

19. Dr. Wynn had a lengthy conversation with respect to what transpired with the dog and the suspected cause of death. Complainant asked why euthanasia was not recommended. Dr. Wynn explained that prior to the dog's acute decline he was stable and undergoing appropriate treatment. She explained that the majority of these cases recover and do well. Dr. Wynn also discussed the dog's other issues were common concurrent processes in diabetic ketotic patients. She stated that euthanasia was not something they jump to unless the pet owner is unwilling to continue diabetic treatments or there are other circumstances that prevent

them from pursuing appropriate treatment.

20. Dr. Wynn took responsibility for not deleting the discharge instructions from the dog's final medical records. This information is created by the admitting veterinarian to help facilitate discharge. When a patient is marked deceased, the entry is prompted to be deleted – this was not done.

21. Complainant expressed multiple concerns with the care and treatment of the dog with respect to CPR, hiding the dog's death from her, not recommending humane euthanasia, the initial estimate, and timeframe between the final phone calls about the dog's decline.

COMMITTEE DISCUSSION:

After obtaining reviewing the complaint, the responses, and hearing testimony, the Committee felt Dr. Wynn's care and treatment of the dog was exceptional.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division